

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/194552	FILING DATE
CLAIMS						APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
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39							89
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41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS

2 of 2

CLAIMS ONLY

SERIAL NO.

09/194,552

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103		1				
104		1				
105		1				
106		1				
107		1				
108		1				
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150						
TOTAL IND.	2					
TOTAL DEP.	40					
TOTAL CLAIMS	42					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
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195						
196						
197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS